



Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR COLEEN J. SENG

lincoln.ne.gov

December 15, 2006

Mayor Seng and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Kwik Shop, 2811 North 48<sup>th</sup> Street. Kwik Shop holder of a class B liquor license requests this liquor license be upgraded to a class D liquor license.

Mary Hoage will be the manager of this liquor license. Background information will be omitted as Ms. Hoage as she has been approved by the Council on this current liquor license.

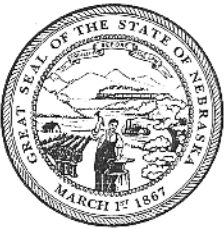
This application must conform to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency





**Dave Heineman**  
Governor

PH: 1-22-07  
**STATE OF NEBRASKA**

**NEBRASKA LIQUOR CONTROL COMMISSION**

**Hobert B. Rupe**

Executive Director

301 Centennial Mall South, 5th Floor

P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

web address: <http://www.lcc.ne.gov/>

December 7, 2006

Lincoln City Clerk  
555 S. 10<sup>th</sup> Street  
Lincoln, NE 68508

AG-134502

**RE: Application for Class D License for Kwik Shop, Inc. DBA Kwik Shop #641**

Dear Local Governing Body:

2811 No 48th St.

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) Publicize one time no less than 7 days, and no more than 14 days prior to date of hearing.
- 2) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

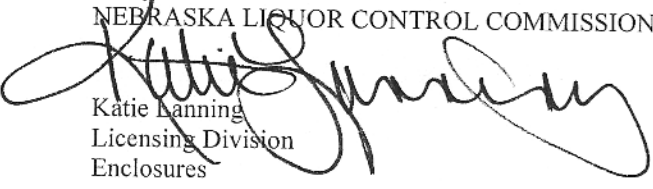
- 1) There is a recommendation of denial from the local governing body.
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE...A LICENSEE MUST BE PROPERLY LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

  
Katie Lanning  
Licensing Division  
Enclosures

**Rhonda R. Flower**  
Commissioner

**Bob Logsdon**  
Chairman

**R.L. (Dick) Coyne**  
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001  
REV. 12/99

CITY CLERK'S OFFICE  
CITY OF LINCOLN  
NEBRASKA  
DEC 11 PM 1 03

Locals  
Class D-75167

Upgrading

APPLICATION FOR LIQUOR LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov

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NEBRASKA LIQUOR  
CONTROL COMMISSION

OFFICE USE ONLY

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES  
CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)

- |                                     |   |   |         |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/>            | A | Beer, On Sale Only                            | \$45.00 |
| <input type="checkbox"/>            | B | Beer, Off Sale Only                           | \$45.00 |
| <input type="checkbox"/>            | C | Beer, Wine & Distilled Spirits, On & Off Sale | \$45.00 |
| <input checked="" type="checkbox"/> | D | Beer, Wine & Distilled Spirits, Off Sale Only | \$45.00 |
| <input type="checkbox"/>            | I | Beer, Wine & Distilled Spirits, On Sale Only  | \$45.00 |

Class K Catering license may be added to any of these classes with an additional fee of \$100.00 and filing form 35-4202

MISCELLANEOUS

- |                          |   |  |          |                 |
|--------------------------|---|--|----------|-----------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub)   | \$295.00 | Bond 1,000 min. |
| <input type="checkbox"/> | O | Boat   | \$ 95.00 | N/A             |
| <input type="checkbox"/> | V | Manufacturer, Beer, Wine & Distilled Spirits<br>(additional fee of \$100 to \$1,000-call for exact amount) | \$ 45.00 | 10,000 min.     |
| <input type="checkbox"/> | W | Wholesale Beer   | \$545.00 | 5,000 min.      |
| <input type="checkbox"/> | X | Wholesale Liquor   | \$795.00 | 5,000 min.      |
| <input type="checkbox"/> | Y | Farm Winery  | \$295.00 | 1,000 min.      |

All Class C licenses expire October 31st

All other licenses expire April 30<sup>th</sup>

Catering expire same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☐ Individual License, requires insert form 1  
☐ Partnership License, requires insert form 2  
☒ Corporate License, requires insert form 3a and manager application 3b

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(Commission will call this person with any questions we may have)

Name: Rosalind (Roz) Sells

Phone: 391-1808

Firm Name: Kwik Shop, Inc.

Firm address: 8942 Blondo Street - Omaha, NE 68134

**PREMISE INFORMATION**Trade Name (doing business as) Kwik Shop #641Street Address #1 2811 North 48th Street

Street Address #2 \_\_\_\_\_

City Lincoln County LancasterZip Code 68504Telephone number at premise to be licensed (402) 464-3739Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mail to Address ( where you want receipt of Liquor Control Commission mailings)

Name: Kwik Shop OfficeStreet Address #1 8942 Blondo Street

Street Address #2 \_\_\_\_\_

City Omaha County DouglasZip Code 68134**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations . No blue prints please. Be sure to indicate the direction north and number of floors of the building.

Please see attached layout of store.

## APPLICANT INFORMATION

### 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

- ☐ Yes If yes, please explain below or attach a separate page.  
☒ No

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NEBRASKA LIQUOR  
CONTROL COMMISSION

2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required). Liquor Inventory may be taken at time of application being submitted.

- ☐ Yes  
Current business name and license number \_\_\_\_\_  
☒ No

Upgrading B-30943

3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license. If yes, attach agreement. **Please note:** This agreement is not effective until Commissions assigns you a 3-digit ID number.

- ☐ Yes  
☒ No

4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.

- ☐ Yes  
☒ No

5. Will any person or entity other than applicant be entitled to a share of the profits of this business? If yes, explain. All involved members must be disclosed on application.
- ☐ Yes \_\_\_\_\_
- ☒ No
- 
6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.
- ☐ Yes
- ☒ No
- 
7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain? (No silent partners)
- ☐ Yes
- ☒ No
- 
8. Are the premises to be licensed within 150 ft of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Neb. Rev. Stat. 53-177.
- ☐ Yes
- ☒ No
- 
9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the person's exact duties.
- ☐ Yes
- ☒ No
- 
10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or make withdrawals on accounts at the institutions.
- Pinnacle Bank ---Depository only. Beer and Liquor deliveries will be paid with a money order at the time of delivery.
- 
11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.
- Please see attached Exhibit "D"
-

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NEBRASKA LIQUOR  
CONTROL COMMISSION

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.

Mary Hoage / District Advisor

On premise will be 5 plus hours a week. Constant supervision of developing and training Managers to pass on to all employees.

13. List the training or experience (when and where) of the person listed in #12 above in connection with selling and/or serving alcohol products.

28 Years in the convenience store industry. Kwik Shop utilizes the "We Card Program" as a training guide for all new employees. Kwik Shop also utilizes an outside agency called "The Bars program" for compliance checks on all stores once a month.

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date October 25, 2021

☐ Deed

☐ Purchase Agreement

15. When do you intend to open for business? Business is currently open and has a beer license.

16. What will be the main nature of business? What are the anticipated hours of operation?

Convenience store with gas. 24 hours a day, 7 days a week.

17. List the principal residence(s) for the past 10 years for all persons required to sign application, including spouses. If necessary attach a separate sheet.

Applicant Name	From: Year	To: Year	City/State
Please see EXHIBIT "R"			

The undersigned applicant(s) hereby consent(s) to a background investigation and release present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance

Note on Lease for #641  
1<sup>st</sup> term date = 10/26/1996  
Option (5) 5-year equals  
Term date of 10/26/2021

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CONTROL COMMISSION

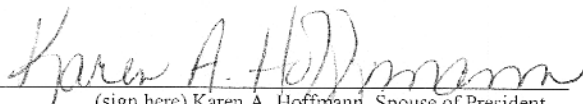
of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

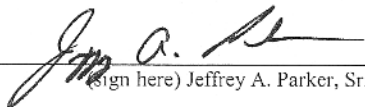
Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.



(sign here) Michael Hoffmann, President



(sign here) Karen A. Hoffmann, Spouse of President



(sign here) Jeffrey A. Parker, Sr. Vice President



(sign here) Kathleen A. Parker, Spouse of Vice President

(sign here)

(sign here)

(sign here)

(sign here)

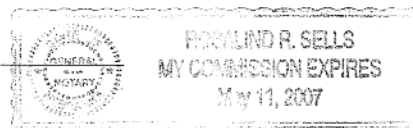
(sign here)

(sign here)

Subscribed in my presence and sworn to before me this

20<sup>th</sup> day of November, 2006

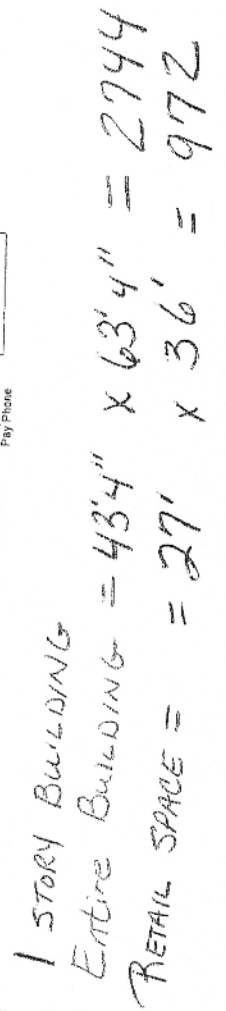
  
Notary Public Signature & Seal



In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4010  
REV. 4/05

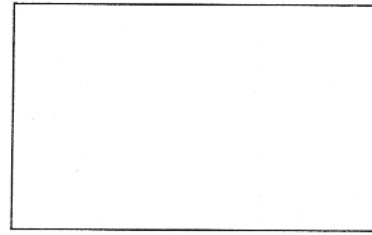




Store #641  
2811 N 48th  
Lincoln, NE  
2700 sq. ft.  
2006C - 9/1/06

**APPLICATION FOR LIQUOR LICENSE  
CORPORATION/LLC INSERT - FORM 3a**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: <http://www.lcc.ne.gov/>



Name of Corporation or Limited Liability Company that will hold license. Attach copy of Articles of Incorporation. (Document must show [barcode] receipt by Secretary of States Office.

Kwik Shop, Inc. / DBA: Kwik Shop #641

Corporate Street Address: 8942 Blondo Street

City: Omaha State: NE Zip Code: 68134

Corporate Telephone Number 402-391-1808

Total number of shares issued (if corporation) 0

Is this a Non Profit Corporation? ☐ YES ☒ NO

If yes, what is your Federal ID #?

Name of Registered Agent CT Corporation

Name of Proposed Manager Mary Hoage

This person must complete form 35-4013

List name of Chief Executive Officer

Last Name: Hoffmann First Name: Michael MI (n-m-n)

Address Street 2401 Hawthorne Lane City Hutchinson

State KS Zip Code 67502 Home Phone number 620-665-1464

Social Security Number Date of Birth 4, 1953

Last Name Kroger, Inc. - 100% Stock Holders / 1000 authorized shares First Name Kwik Shop's Federal ID #: 48-6112339

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title \_\_\_\_\_ Number of Shares \_\_\_\_\_

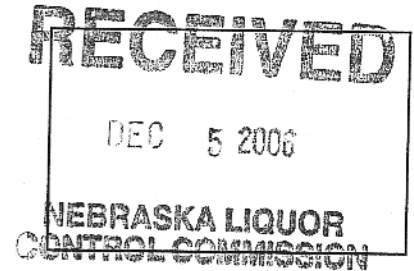
Spouse Name (indicate N/A if single) \_\_\_\_\_

Spouse Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title \_\_\_\_\_ Number of Shares \_\_\_\_\_

**APPLICATION FOR LIQUOR LICENSE  
CORPORATION MANAGER - FORM 3b  
\*MUST BE A NEBRASKA RESIDENT\***

301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: <http://www.lcc.ne.gov/>



**LIQUOR LICENSE INFORMATION**

NAME OF LICENSED CORPORATION Kwik Shop Inc.  
CLASS & LICENSE NUMBER Current #B36943 / Now applying for Class D License  
TRADE NAME Kwik Shop #641  
STREET ADDRESS 2811 North 48th Street CITY Lincoln

  
SIGNATURE OF CORPORATION PRESIDENT/CEO Michael Hoffmann, President

**APPLICANT INFORMATION (MUST BE 21 OR OVER AND NEBRASKA RESIDENT)**

NAME Mary Elizabeth Hoage  
ADDRESS 11120 N 136th Plaza  
CITY Waverly STATE NE ZIP CODE 68462  
HOME PHONE NUMBER (402) 786-5804 BUSINESS PHONE NUMBER (402) 990-3751  
SEX ☐ MALE ☒ FEMALE SOCIAL SECURITY NUMBER [REDACTED]  
DATE OF BIRTH [REDACTED] PLACE OF BIRTH Lincoln, NE  
DRIVERS LICENSE NUMBER & STATE Nebraska / [REDACTED]

**SPOUSES INFORMATION (IF NOT MARRIED INDICATE)**

SPOUSE NAME Daniel Lee Hoage  
SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH [REDACTED]  
DRIVERS LICENSE NUMBER & STATE Nebraska / [REDACTED]



SELLS  
EXPIRES  
2007

Is this Corporation or Limited Liability Company controlled by another Corporation?

☐ Yes

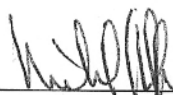
☒ No

If yes, give name of corporation and supply organizational chart

Indicate tax year with the IRS

Starting Date 01/31/2006

Ending Date 01/31/2007



Signature of President/Managing Member

Michael Hoffmann, President



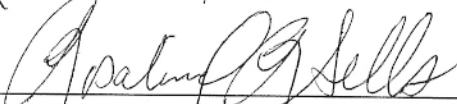
Notary Public Signature & Seal



D. R. SELLS  
NOTARY PUBLIC  
COMMISSION EXPIRES  
1, 2007

Subscribed in my presence and sworn to before me this

20<sup>th</sup> day of November, 2006



Notary Public Signature & Seal



D. R. SELLS  
NOTARY PUBLIC  
COMMISSION EXPIRES  
1, 2007

In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4183  
REV. 4/05

Kwik Shop #641

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? **IF YES**, for what premise give license number and date.

☒ YES ☐ NO

*yes - please see attached Exhibit "M"*

3. Have you or your spouse ever made a compromise settlement for violation of such laws?

☐ YES ☒ NO

4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?  
Nebraska Liquor Control Act (§53-131.01)

☒ YES ☐ NO

5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

☒ YES ☐ NO

**RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE**

APPLICANT: CITY & STATE	YEAR FROM TO		SPOUSE: CITY & STATE	YEAR FROM TO	
Waverly, NE	1999	Present	Waverly, NE	1999	Present
Daviey, NE	1995	1999	Daviey, NE	1995	1999
Lincoln, NE	1960	1995	Lincoln, NE	1960	1995

**EMPLOYERS - LIST LAST TWO EMPLOYERS**

MONTH/YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
01/78	Kwik Shop, Inc.	Jimmy Lewis	(402) 391-1808
01/76 01/78	Bethany Pantry	Joe Price	4024668207

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DEC 5 2006

**PERSONAL OATH AND CONSENT OF INVESTIGATION  
MUST BE SIGNED BY APPLICANT & SPOUSE**

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, an affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

*Mary E. Hoage*  
Signature of Applicant

Mary E. Hoage

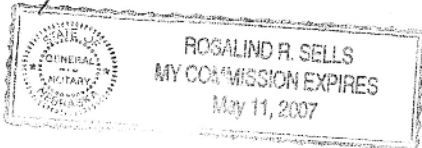
Subscribed in my presence and sworn to before me this 20<sup>th</sup>  
day of November 2006

*Daniel L. Hoage*  
Signature of Spouse

Daniel L. Hoage

Subscribed in my presence and sworn to before me this 20<sup>th</sup>  
day of November 2006

*Rosalind R. Sells*  
Notary Signature & Seal



*Rosalind R. Sells*  
Notary Signature & Seal

